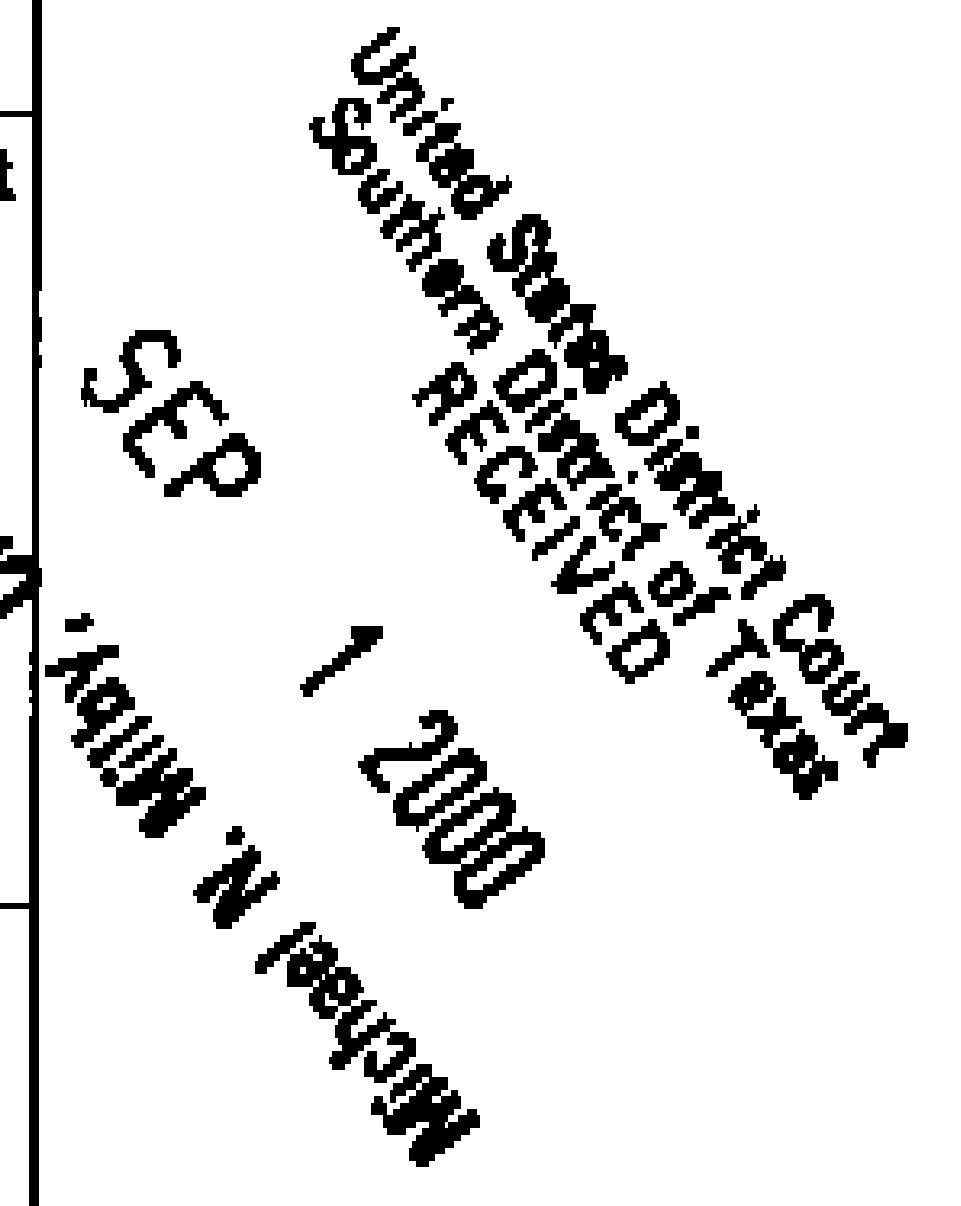



| | | | | | |
|--|--|--|---|--|--|
| United States Bankruptcy Court 61288, Houston TX 77208 | | SOUTHERN DISTRICT OF TEXAS P.O.Box (Houston Division) | | PROOF OF CLAIM | |
| Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation <small>*place an "x" beside the name of the Debtor you are filing a claim against</small> | | Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11 | | Creditor ID#: 788-45882 <div style="text-align: center;">  </div> | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): ROTER Mr. Roter Plumbing | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | | | |
| Name and address where notices should be sent: *****AUTO**3-DIGIT 785 Mr. Roter Plumbing 129 Earling Rd Alamo TX 78516-6976  | | <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | | |
| Account or other number by which creditor identifies debtor: | | <input type="checkbox"/> Check here if this claim replaces _____ <input type="checkbox"/> if this claim amends a previously filed claim, dated: _____ | | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | | | |
| 2. Date debt was incurred: <u>May 4, 2000</u> | | 3. If court judgment, date obtained: | | | |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>135.15</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ | | | 6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> | | |
| 7. Credits: - The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | | | This Space is for Court Use Only <div style="font-size: 2em;">00151</div> | |
| 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | | |
| 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | | | |
| Date <u>6-26-2000</u> | | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>David J. Hight owner</u> | | | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. | | | | | |



AMERICA'S TROUBLE SHOOTER
Mr. Rooter
PLUMBING

INVOICE N° 19662

DATE 5/4/00

REMIT PAYMENT TO
129 E. Earling Rd.
Alamo, TX 78516
956-787-0323 956-421-3365
956-682-3326 956-544-1209

Texas State Board of Plumbers
929 E. 41st Street
PO Box 4200
Austin, TX 78763
800-845-6584

THANK YOU for your valued patronage

RATE TYPE: EXCELLENCE Quality is never an accident. It is always the result of high intention, sincere effort, intelligent direction and skillful execution. Service EXCELLENCE is our commitment to you.

| | | | |
|--|----------------------------|----------------------------|-------------------|
| <input type="checkbox"/> Standard Price <input type="checkbox"/> Member Price <input type="checkbox"/> ESTIMATE <small>The Member Price is exclusively for Customer Protection Plan Customers only.</small> | NAME Beall's | NAME | |
| | ADDRESS 2921 Boca Chica | ADDRESS | |
| | CITY Brownsville | CITY | |
| | STATE TX | STATE | |
| | ZIP 78401 | ZIP | |
| | HOME PHONE () | WORK PHONE () 542 0552 | P.O. NUMBER |
| | | HOME PHONE () | WORK PHONE () |

| TASK | ESTIMATE AND PROPOSAL - WE PROPOSE THE FOLLOWING: | STANDARD PRICE | MEMBER PRICE | MEMBER PRICE SAVINGS |
|------|---|----------------|--------------|----------------------|
| | Repaired toilet in Public Restroom | | | |
| | Replaced master fluid & supply line | | | |
| | with new one & used stainless steel | | | |
| | supply line | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

COMMENTS / WARRANTY
Work order W006032584

| | | | | |
|--|--|-------------------|---------------------------|--|
| WORK AUTHORIZATION PAYMENT OF THIS INVOICE / CONTRACT DUE UPON COMPLETION OF WORK | | Labor | \$99 ⁵⁰ | |
| AUTHORIZATION TO PROCEED WITH PROPOSED WORK. I, the undersigned, am owner/authorized representative/tenant of the premises at which the work mentioned above is to be done. I hereby authorize you to perform said work, and to use such labor and material as you deem advisable. A monthly service charge of 1 1/2 % will be added after ten days. I agree to pay reasonable attorney's fees and court costs in the event of legal action or reasonable bank costs if my check falls to clear. I have read, agree to, and have received a copy of the contract. All parts will be removed from premises and discarded unless otherwise specified herein. | | parts | \$25 ²⁵ | |
| I hereby authorize you to proceed with the above work at the price of \$135 ¹⁵ | | SERVICE AGREEMENT | | |
| AUTHORIZED SIGNATURE | | SUB TOTAL | \$124 ²⁵ | |
| | | TAX | \$10 ³⁰ | |
| | | TOTAL | \$135¹⁵ | |

| | | |
|--|-------------------|-----------------|
| <input type="checkbox"/> CASH <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> CHARGE | APPROVED BY | EXPIRATION DATE |
| CREDIT CARD NO. | | |
| AUTHORIZATION CODE | DRIVER'S LIC. NO. | EXP. DATE |
| | | |
| ACCOUNT NO. | | |
| CUSTOMER SERVICE REP. | | |
| I do hereby state that the above work has been performed in a workmanlike manner and to the applicable building codes. | | |
| Service Technician Signature | | |
| Date 5/4/00 | | |

ACCEPTANCE OF WORK PERFORMED. I find the service and materials rendered and installed in connection with the above work mentioned, to have been completed in a satisfactory manner. I agree that the amount set forth on this contract in the space labeled "TOTAL" to be the total and complete charge. I agree to pay reasonable attorney's fees and court costs in the event of legal action. I acknowledge that I have read and received a legible copy of this contract and have read the Notice to Owner and statement required on contract on reverse side.

ACCEPTANCE SIGNATURE

UNITED STATES BANKRUPTCY COURT

Southern District of Texas

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 11 bankruptcy case concerning each of the debtor corporations listed below was filed on June 1, 2000

You may be a creditor of one or more of the debtor(s). This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the cases may be inspected at the bankruptcy clerk's office at the address listed below.

NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor (name(s), case numbers and address):

Stage Stores, Inc., a Delaware corp.; Case No. 00-35078-H2-11
 Specialty Retailers, Inc., a Texas corp.; Case No. 00-35079-H2-11
 Specialty Retailers, Inc. (NV), a Dallas corp.; Case No. 00-35080-H2-11
 10210 Main Street
 Houston, TX 77025-5229
Toll Free Number: 1-800-804-2013 (for case information)

**Jointly Administered Under
Case Number 00-35078-H2-11****Taxpayer ID Nos:**

76-0407711 (Stage Stores, Inc.)
 74-0821900 (Specialty Retailers, Inc.)
 91-1826900 (Specialty Retailers, Inc. (NV))

Attorney for Debtors (name and address):

Andrew E. Jillson, Esq.
 Lynnette R. Warman, Esq.
 Jenkins & Gilchrist, a Professional corporation
 1445 Ross Avenue, Suite 3200
 Dallas, TX 75202-2799

Attorneys for Debtors Telephone Number:

Toll Free 1-877-559-9672

**Information may also be obtained from the
following website:**

Website address: www.stagestoresbankruptcy.com

Meeting of Creditors

Date: 7 / 11 / 00 Time: 2:00 () A.M.
 (X) P.M.

Location: U.S. Courthouse
 Jury Assembly Room
 515 Rusk, 6th Floor
 Houston, Texas 77002

Deadlines to File a Proof of Claim

Proofs of Claim must be *received* by the bankruptcy clerk's office by the following deadline:

For all creditors (except a governmental unit): 10/9/00

For a governmental unit: 11/28/00

**Mail claim to: U.S. Bankruptcy Court
 P.O. Box 61288
 Houston, TX 77208**

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

515 Rusk Avenue
 1st Floor
 Houston, Texas 77002
 Telephone number: 713/250-5115

For the Court:**Clerk of the Bankruptcy Court:**

Michael N. Milby, Clerk

Hours Open: 9:00 a.m. - 4:30 p.m.

Date: